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**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC INSTRUCTION**

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Bulletin No. 20M   State Board of Medical Education and Licensure   January, 1928

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**HOSPITAL INTERN YEAR**

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**HOSPITAL INTERN YEAR**

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(To be issued periodically)

## State Board of Medical Education and Licensure

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# FIFTH YEAR OF INSTRUCTION IN MEDICINE IN THE COMMONWEALTH OF PENNSYLVANIA

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## HOSPITAL INTERN YEAR

The following abstract from the Act of June, 1911, entitled

### "AN ACT"

Relating to the right to practice medicine and surgery in the Commonwealth of Pennsylvania;" etc., indicates the course of instruction which a candidate for licensure in Pennsylvania must have procured.

"Section 5. Applicants for licensure under the provisions of this act shall furnish, prior to any examination by the said bureau, satisfactory proof that he or she is twenty-one years of age, is of good moral character, is not addicted to the intemperate use of alcohol or narcotic drugs, and has had a general education of not less than a standard four years' high school course, or its equivalent, and not less than one year of college credits in chemistry, biology, and physics,—all of which have been received before admission to medical study,—and have attended four graded courses of not less than thirty-two weeks of not less than thirty-five hours each, of actual work in didactic, laboratory and clinical study, in different calendar years, in some reputable and legally

incorporated medical school or college, or colleges recognized as such by the Bureau of Medical Education and Licensure of the Commonwealth of Pennsylvania, the dean or proper officer of which college having certified that the applicant has successfully passed each of said respective courses, and shall have completed a year as intern in a hospital which shall have at least twenty-five beds to each intern, devoted to the treatment of medical, surgical, gynecological and special diseases; shall maintain or establish co-operation with a maternity department or hospital, in which each intern shall have not less than six weeks' service, or the equivalent thereof, during which time he shall have attended or participated in the attendance upon not less than six confinements; shall maintain a thoroughly equipped, modern pathological and clinical laboratory, proportionate to the necessities of the hospital; and the records on file of the cases treated in said hospital shall give evidence of the laboratory work so done by the intern; shall maintain a department of anesthesia consisting of one or more anesthetists, who shall have supervision over all the anesthesia given in the institution and whose duty it will be to instruct all interns in the administration of anesthetics."

(NOTE: By Act of the General Assembly, June 1923, the name "Bureau" was changed to "Board".)

## HOSPITAL REQUIREMENTS

It will be observed that the specific requirements of the above section of the act relate to the following:

1. Amount of work. A hospital shall have at least twenty-five beds to each intern.

2. Diversity of work. A hospital shall treat medical, surgical, gynecological and special diseases.

3. Maternity department, or co-operation with one.

4. Clinical laboratory; proportionate to the necessities of the hospital.

5. Records; well kept, showing evidence of the work being done by the intern in the departments.

6. Department of anesthesia; with competent supervision over all anesthesia given in the hospital.

From the foregoing it will be seen that the hospitals of the Commonwealth of Pennsylvania have become a part of the teaching system of medicine and surgery in the Commonwealth of Pennsylvania, and the Board of Medical Education and Licensure has found it necessary to set forth in compact form what is expected of each individual hospital purporting to give such practical training in keeping with the Act of the General Assembly.

The purpose of this bulletin is to set forth in more or less detail the specific requirements made of hospitals which will entitle them to the privilege of giving such training as will meet the approval of the Board in its interpretation of the law.

The Board has made the following classifications of hospitals in order to do away with the disadvantages and complaints of a comparative classification; it also gives the prospective intern some idea as to the type of hospital he is choosing together with an intimation of the work which will give him the most desired results. In each classification no effort is made to indicate the relative merits of the hospitals so classified.

### Full Credit Hospitals

Full credit for internship will be given for a complete and satisfactory service in these hospitals covering at least twelve months of time.

This list includes hospitals which are organized and administered so as to conform as nearly as possible to the provisions of the Act of the General Assembly of June 3, 1911, P. L. P. P. 639-649, and as subsequently amended. They have a well-balanced medical, medical specialties, surgical, surgical specialties, obstet-

rical, gynecological and laboratory service, with a fixed general staff, each department being represented by one or more physicians who specialize in the class of cases treated in that department. They provide a full rotational service in which the intern receives an adequate apprenticeship training in each department.

Under this classification are listed only such hospitals as now show satisfactory evidence of complying reasonably well with the following requirements, having:

- (a) A staff whose members are giving efficient clinical and laboratory instruction to the interns.
- (b) A system of record keeping in all departments which is efficiently conducted.
- (c) An X-ray department which is adequately equipped, officered and managed.
- (d) Pathological and clinical laboratories which are adequately equipped, officered and managed.
- (e) An anesthetic department which is properly established and maintained.
- (f) An obstetrical department, with ample facilities for instruction under supervision.

(g) All other special departments that are essential to a complete medical training.

Allentown	Allentown Hospital. Sacred Heart Hospital.
Altoona	Altoona Hospital. Mercy Hospital.
Bethlehem	St. Lukes Hospital.
Braddock	Braddock General Hospital.
Chester	Chester Hospital.
Clearfield	Clearfield Hospital.
Danville	Geisinger Memorial Hospital.
Eric	Hamot Hospital. St. Vincents Hospital.
Greensburg	Westmoreland Hospital.
Harrisburg	Harrisburg Hospital. Harrisburg Polyclinic Hospital.
Johnstown	Conemaugh Valley Memorial Hospital.
Lancaster	Lancaster General Hospital.
McKeesport	McKeesport Hospital.
Norristown	Montgomery Hospital.
Philadelphia	Abington Memorial Hospital. Bryn Mawr Hospital. Chestnut Hill Hospital. *Children's Homeopathic Hospital. Frankford Hospital. Frederick Douglass Hospital. Germantown Hospital. Hahnemann Hospital. Howard Hospital. Jefferson Hospital. Jewish Hospital. Lankenau Hospital. Mercy Hospital. Methodist Episcopal Hospital. Misericordia Hospital. Mount Sinai Hospital. Northern Liberties Hospital. Northeastern General Hospital. Pennsylvania Hospital. Philadelphia General Hospital. Polyclinic Hospital. Presbyterian Hospital. Protestant Episcopal Hospital.

Philadelphia	Roxborough Memorial Hospital.
	St. Agnes Hospital.
	St. Josephs Hospital.
	*St. Lukes Homeopathic Hospital.
	St. Mary's Hospital.
	Samaritan Hospital.
	University of Pennsylvania Hospital
	Woman's Hospital.
	Women's Homeopathic Hospital.
	Woman's Medical College Hospital.
Pittsburgh	Allegheny General Hospital.
	Columbia Hospital (Wilkinsburg).
	Homeopathic Hospital.
	Mercy Hospital.
	Montefiore Hospital.
	Passavant Hospital.
	Pittsburgh Hospital.
	Pittsburgh City Home and Hospital (Mayview).
	Presbyterian Hospital.
	St. Francis Hospital.
Pottsville	St. Johns General Hospital.
	St. Josephs Hospital.
	St. Margaret Hospital.
Reading	South Side Hospital.
	Western Pennsylvania Hospital.
	Pottsville Hospital.
Sayre	Reading General Hospital.
	Reading Homeopathic Hospital.
	St. Josephs Hospital.
Scranton	Robert Packer Hospital.
	Hahnemann Hospital.
	Moses Taylor Hospital.
Uniontown	State Hospital.
	Uniontown Hospital.
	Washington Hospital.
Washington	Washington Hospital.
West Chester	Chester County Hospital.
Wilkes-Barre	Mercy Hospital.
	Wilkes-Barre City Hospital.
	Wyoming Valley Homeopathic Hos- pital.
Windher	Windher Hospital.
York	York Hospital.

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\*Joint internship

### FEDERAL HOSPITALS

Fort Sam Houston Hospital, San Antonio, Texas.  
 Letterman General Hospital, San Francisco, California.

Walter Reed Hospital, Washington, D. C.  
 Fitzsimmons General Hospital, Denver, Colorado.  
 Beaumont General Hospital, El Paso, Texas.  
 United States Naval Hospital, League Island,  
 Philadelphia, Pa.

### SIX MONTHS CREDIT HOSPITALS

Six months credit will be given for a six months or more completed service in these hospitals.

This list includes hospitals which have a fixed general staff representing all or most of the departments of medicine, but in which the work performed is largely either surgical or medical. In these hospitals the work of the laboratories conforms largely to the type of cases predominating. Or, it includes hospitals which are under the direction of some leading surgeon, who, with a limited number of assistants, assumes full control of the activities of the various departments.

Ashland	State Hospital.
Easton	Easton Hospital.
Hazleton	State Hospital.

### THREE MONTHS CREDIT HOSPITALS

Three months credit will be given for a three months or more completed service in these hospitals.

This list includes hospitals admitting to their service but a single or special class of cases. The work of the laboratories of these hospitals refers largely if not entirely to the particular specialty represented by the hospitals' patients.

Under this heading are grouped such hospitals as are capable of giving a competent and valuable training in certain special lines which they cover. In view of their limited field such hospitals cannot give such a well-rounded training as is contemplated by law.

The service of these hospitals is available and valuable to those who have already completed their general internship, as well as to those who have received appointments in general hospitals and await an opportunity of beginning the same.

Allentown	Allentown State Hospital (Insane).
Cresson	State Hospital (TB).
Danville	State Hospital (Insane).
Dixmont	Dixmont Hospital (Insane).
Hamburg	State Sanatorium (TB).
Mont Alto	State Sanatorium (TB).
Norristown	State Hospital (Insane).
Philadelphia	American Oncological Hospital. Children's Hospital. Jewish Maternity Hospital. Municipal Hospital. Orthopedic Hospital. Pennsylvania Hospital (Insane Department) Philadelphia Lying-in Charity Hospital.

	Rush Hospital.
	St. Christophers Hospital.
	St. Vincents Maternity Hospital.
	Wills Eye Hospital.
	Woman's Southern Homeopathic Hospital.
	West Philadelphia Hospital for Women.
Pittsburgh	Children's Hospital.
	Elizabeth Steel Magee Hospital.
	Eye and Ear Hospital.
	Municipal Hospital.
	Roselia Foundling & Maternity Hospital.
	Tuberculosis League Hospital.
Warren	State Hospital (Insane).

The Board desires to assure all prospective interns that hospitals in the limited credit classes are thoroughly competent to provide instruction according to their limited organization and class of work done in such hospitals.

It is recommended that a service in any approved hospital of this state be selected in preference to a service in a hospital in an other state not accepted and approved by this Board and not under its control. Internship secured in any hospital outside of Pennsylvania must be checked up by the Board to see that it has fulfilled all its requirements before the applicant can be considered for licensure either by examination or by reciprocity. Such internship must be rotational in character and must furnish an adequate apprenticeship in every department of medicine. If it fails to cover

satisfactory every department, the internship must be supplemented by additional service approved by the Board in such departments as have been omitted or have been inadequately covered. This applies equally to immediate applicants for license by examination and to remote ones who may seek the same through reciprocity.

Certain hospitals, not now listed as qualified to give the intern year, may have an adequate, physical equipment, but convincing evidence has been obtained by inspections that present methods in these hospitals are such as to preclude an intern from now obtaining the character of instruction contemplated by law.

Hospitals without an organized staff, which admit to practice all the physicians of the locality, are not and can never be suitable for intern education. This class of hospitals has many merits and often serves a real need in the community and their exclusion from these lists carries with it no criticism or hint of demerit.

Promises of future extension of departments now lacking in part or entirely, either as to equipment or organization, will no longer be accepted; complete fulfillment of all regulations will be required. The Board will in the future closely inspect the exact methods of in-

struction given the interns by the staff doctors, the amount and character of such instruction, and will hold the hospital strictly responsible for the fidelity of staff doctors in doing their full duty as pertains to this matter.

## HOSPITAL STANDARDS

After frequent inspections of all the hospitals of the Commonwealth and after a careful observation and study of their present equipment with due consideration of their responsibilities, the Board hereby tentatively outlines its standardization of approval of hospitals on the basis indicated by the accompanying data.

### RECORDS

In past inspections there have been so many inquiries from individual hospitals for detailed data as to the requirements of the Board that the following is offered as recommendations for use by all hospitals. The Board will follow closely this scheme in its inspections.

The records, as kept in each individual hospital, form a very definite index of the work done by the medical staff, by the intern staff, and by the nurses.

All records, X-ray plates or films, and specimens must be kept absolutely within the hospital, and should be properly filed in their respective departments, be cross

indexed, and be kept in easily accessible places. They are the property of the Hospital and may later be needed in legal complications. In the record room there should be filed in easily accessible cabinets in clinical packs the following:

- Admission card
- History sheet
- Nurses' order sheet
- Order sheet
- Temperature sheet
- Progress sheet
- Operating sheet
- Anaesthesia sheet
- Prenatal and Labor sheet
- X-ray report
- Laboratory report
- Diagnosis card
- Follow-up Card

In the pathological and clinical laboratory should be kept record cards, diagnosis cards, slides, and paraffin or colloid blocks of work performed.

In the X-ray laboratory should be kept record cards, diagnosis cards, and films or plates of all cases examined or treated.

Upon the admission of a patient, before professional examinations are made, some responsible person serving as admitting officer should place upon the records the date, name and address of the patient, the file number and such other social data as may be deemed necessary by the individual hospital. The file number and name must appear upon all sheets needed on the case.

Upon examination of the patient, the intern should record his own name and that of the attending staff physician upon the same sheet. Spaces should be provided also for the provisional diagnosis, the final diagnosis, transfer of the patient and for the final result of the case.

### *History and Physical Findings Sheet*

The intern on his first visit to the patient should take and record a full history, the type and scope of which shall be determined by the character of the case and by the rules of the staff; he should then make and record a complete physical examination, the type and scope of which shall also be determined by the character of the case. In case of urgent emergency some of this must necessarily be postponed for a time. The intern should place a provisional diagnosis at the end of his report, and after approval by his chief shall write the same in the space provided for it on the first sheet. He should sign his name at the bottom of his report.

The staff physician, accompanied by the intern, should carefully study the record made by the intern, should then examine the patient, should correct or amplify the history and physical findings submitted by the intern, and complete the same by countersigning it on a space provided for his signature.

### *Order Sheet*

Upon this should be written all directions given by the chief or by the intern at his suggestion, pertaining to diet, medication and management of the case. No attendant can be held responsible for compliance unless the order has been written by a physician in his own hand. The orders should be initialed by the chief or intern making them. Telephone orders should always be given to the intern, written by him on the order sheet and initialed, with the explanation that it was a telephone order. This develops a sense of responsibility in the intern, since he thus is held responsible for the care of the case in the absence of his chief. Inquiries of the condition of the patient should also be made of the intern and not of the nurse. The pedagogical value of this deference to and requirement of the intern is obvious. The order sheet in conjunction with the progress notes indicates quite definitely the supervision over the case by the chief with his intern.

### *Progress Sheet*

The progress notes are the tell-tale of the professional care of the patient while in the hospital. Frequent notes signed by the physician making them should be made. All significant physical changes in the patient's condition should be noted.

The absence of these notations indicates a lack of attention and reflects seriously upon the staff attendant and his intern. A separate sheet should be used.

Requests for laboratory tests or for X-ray examinations should be noted on this sheet, as well as on the order sheet. Writing these in red ink aids the historian in checking up the extra sheets thus required.

Consultations asked for should be noted and the report of such consultation or examination by members of other departments of the staff should appear either on the progress notes, or on a separate sheet.

At the end of the progress notes should be written the physical status of the patient before discharge, the general condition of the patient, the specific condition for which he was treated, the instructions for further attention, and the final signature of the staff physician for discharge, or that of the intern by his direction.

### *Laboratory Reports*

Report sheets from all laboratories should be attached to the record while the patient is under treatment; such reports are to be signed by the chief of the laboratory and the originals or copies of such reports are to remain in the laboratory.

The report of an autopsy, if made, should be attached; in the case of a death without subsequent autopsy, a notation that such autopsy was sought but consent not obtained is required.

### *Nurses' Sheets*

The supervision of the temperature sheet, and the nurses' record sheet does not come directly under the province of the Board, but they are equally important as far as indicating the efficiency of the care of each patient is concerned.

### *Anaesthesia Sheet*

This sheet is usually made out by the anaesthetist. It should be a graphic chart containing the file number, name of patient, names of all concerned in the operation, such as surgeon, assistant surgeon, intern, supervising anaesthetist, intern anaesthetist, nurse responsible for sponge count, and operating room nurse. It should show the condition of the patient before and after operation with data as to the kind and length of anaesthesia, any complications, the type of dressings and the name of the operation.

### *Operating Sheet*

The operation should be reported on a separate sheet. It should be written by the intern or by the surgeon, or by his assistant, within 24 hours after the operation. There should be given a detailed

description of the operation instead of merely the name of the operation. There should be given briefly the technic of the operation as performed, the pathology found, the parts removed and their condition, the presence or absence of infection, and whether bleeding was ordinary or excessive. Anything unusual, and whether the wound was closed or drained, should be noted. The report should be signed by the writer and countersigned by the surgeon.

### *Pre-natal Sheet*

This should contain a record of all examinations made and attention given in the pre-natal clinic, viz., urinalyses, blood pressure, vaginal and cervical smears, culture reports, Wassermans, history and findings, patient's physical condition, measurements of both the pelvic inlet and outlet, position of foetus and foetal heart sounds. This record, or a transcript thereof, should be taken to the ward as soon as the patient is admitted, and should finally be attached to the filed record of the case.

### *Labor Sheet*

This should contain the pelvic measurements, if not available from the prenatal clinic, the history, Wasserman test, blood pressure, urinalyses, position of the head or other presenting part, notes

on the delivery, forceps if used, time elapsed in each stage of labor and the condition of the patient after delivery.

### *Baby Sheet*

This should provide for foot-prints, for a notation of the weight at birth and daily thereafter, of the condition of the stools and digestion, etc., and also a record of feedings.

### *Diagnosis Card*

This should be filed separately and cross-indexed according to whatever nomenclature is used by the hospital, either according to disease or regional, or both, so as to readily command the data available in the records in subsequent study.

### *Dispensary Records*

The form and amount of such records will depend largely upon the number of workers and the time available. It should be remembered that an adequate record to show the condition of the patient, the diagnosis and the treatment is absolutely essential. Whenever a patient is referred from the dispensary to the hospital, his record, or at least an abstract of it, should accompany the patient. The reverse applies also to such patients as are referred from the hospital to the dispensary for follow-up treatment. The Board recommends a

uniform record system for the house and dispensary.

### *X-Ray Laboratory Records*

A special laboratory number should be given to each case; this number and the file number of the patient should appear on these records. A card for each patient should be filed alphabetically; upon this should be noted the same data as appears on the copy sent to the bedside. The films or plates should be filed so as to make them readily accessible for future investigation.

### *Pathological and Clinical Laboratory Records*

These records should be filed alphabetically in the laboratory, should contain the file number and the special laboratory number, and a notation of the data sent to the bedside. It seems better to file separately the various types of work done. All sections and specimens must be kept in the laboratory, properly filed. There should be kept a monthly sheet, giving the work of each day in columns, so as to indicate comprehensively the amount and scope of work done.

### *Record Books*

In the Obstetrical Department should be kept a day book of all deliveries, with separate columns for name of patient, date, intern on duty, staff man present,

name of nurse and such other data as may seem desirable.

In the Operating Room there should be kept a day book giving in separate columns the names of patient, date, name of operation, names of surgeon, assistant, intern, anæsthetist,—intern or regular—and nurses.

### *Record Filing*

All records should be under the care of a regular historian. There should be a Record Committee of the staff in charge of all records. It should have full authority to notify all delinquents as to their incomplete records and to enforce the hospital rules in reference to the records. While the record committee will look over and finally check as complete all records before the historian files them, it is suggested to such committees that regular tours of inspection be made throughout the hospital, and that the records of all patients under treatment be gone over in search of omissions. The only record of any value in the care and treatment of a patient is a record that is made at the time that the work is done. Absence of any notation is not an indication that it was not of any importance, although this would seem to be inferred. If, at these inspections of records, a colored slip marked

"Incomplete Records" is attached to incomplete ones, the attention of all those in charge of such patient will be forcibly called to the omission.

The records of private cases should be kept in exactly the same manner and detail as the records of ward patients, whether written by interns, by staff or by extramural physicians. The Board will hold every hospital responsible for this. It cannot permit the intern to acquire indifferent habits by observing any careless methods. Moreover, the hospital is legally responsible in the care of private as well as free cases and must have on file adequate records for defense in any legal complications. A private patient should certainly have the benefit of the same thorough care as a ward patient. By using a folder of a different color for filing of private records, they can readily be distinguished by the historian, and so be kept from inspection by any but the proper authorities, thus assuring individual privacy and secrecy, if desired. If the intern is requested to take the history of a private patient, he is thereby granted entree to the case by the attending physician and should have the privilege of any subsequent instruction that may arise incidental thereto.

## X-RAY LABORATORIES

These should be equipped for skiagraphy, fluoroscopy, development of plates and for treatments. All of this should be done within the hospital.

The service of the intern shall be a compulsory one in this department and the Roentgenologist in charge should understand that one of his duties is to instruct the intern in all the work of the department. He should secure training in the technic so as to assure safety to patients, and an ample amount of plate-reading.

The department should be open the entire day, and, where a full-time Roentgenologist is not on duty, there should be some one available in the hospital who is capable of doing emergency work.

Where the Roentgenologist is not on full time, definite hours daily at the hospital shall be observed by him so as to encourage requests for routine examinations and treatments.

Suitable provision within the laboratory should be made for recording and filing all work done. The use of a card system is especially advised, cross-indexed with the case records.

## PATHOLOGICAL AND CLINICAL LABORATORIES

This department should be so equipped as to offer facilities for performing all

the tests called for by the needs of a modern hospital, including:

- (a) Clinical microscopy.
- (b) Pathological histology.
- (c) Bacteriology.
- (d) Physiological Chemistry.
- (e) Serology.

The equipment of apparatus and chemicals sufficient for the various examinations and tests which the laboratory should be prepared to conduct is rigidly inspected and checked up at inspections by the Board.

The Laboratory should be prepared to make the following tests and examinations:

- Blood examinations of all kinds, including coagulation time,
- Urine examinations of all kinds, quantitative and qualitative, including tests for renal function,
- Gastric contents,
- Feces examinations,
- Sputum examinations,
- Cerebro-spinal fluid examinations,
- Bacteriological examinations, smears and cultures,
- Examinations of water and milk,
- Preparation of autogenous vaccines,
- Scrological examinations—Wasserman reaction and agglutination tests,
- Pathological histology—autopsies, microscopical examination and diagnosis of all tissues removed during operations, and
- Physiological chemistry of all kinds.

The laboratory should be provided with a standard library of recent date on the various subjects covered in its work. A physician skilled in laboratory work must

be in charge. He should be a full-time employe; if not on full time, this physician must have definite daily hours at the hospital of sufficient length and regularity to insure adequate supervision over and definite instruction to the intern, as well as time for his own personal work in the laboratory. It is essential that one or more full time technicians be employed.

At least two months service or its equivalent is required of each intern in the laboratory. This service should not be divided, but the entire service of the intern should be devoted to laboratory duties for this period of time. The intern on duty in the laboratory should conduct the clinical-pathological examinations and should be required to perform at least two autopsies and to prepare the sections of tissues from these for microscopic examinations. He should examine with the pathologist all tissues and specimens received from the operating room both macroscopically and microscopically, make examination of milk and water, conduct Widal reactions and receive instruction in the Wasserman reaction. He should conduct under instruction all other work performed in the laboratory. His work should be checked up daily by the pathologist. He works as an apprentice with the pathologist or technician.

Suitable provision within the laboratory should be made for recording and filing all the findings of laboratory work. The use of a card system is especially advised, to be cross-indexed with the case records.

It is recommended that daily record of the work done be kept in the laboratory and be tabulated so that the amount and scope of such work can be rapidly checked up. A monthly report of work done should be rendered to the Superintendent and Staff. This should be filed permanently in the hospital offices.

### CHIEFS OF LABORATORIES

The chief of the X-Ray laboratory and the chief of the pathological and clinical laboratories should be members of the major staff of the hospital. By virtue of this membership the medico-surgical staff have the advantage of their presence at staff meetings, where many questions of mutual importance may be discussed. In addition an opportunity is thus given to the laboratory men to impress upon various staff members the importance of the use of the several laboratories in diagnosis. Their presence will likewise be a constant reminder to staff members that these departments are for use and not merely to comply with the demands of the Board.

### ANESTHETIC DEPARTMENT

This department should be under the direction of a physician who is designated

as its chief. There should also be appointed to the department one or more assistants, at least one of whom should be on full time and live within the hospital in order that he or she may be available in any emergency.

It should be the duty of the anesthetists to administer anesthetics to the private patients and to critically ill ward patients. In all other cases he or she should be present with the intern while the latter is giving the anesthetic in order to instruct him. This oversight and instruction of the intern should continue not merely for a limited period of time but throughout his entire service. The administration of anaesthesia should be the chief duty of the intern in some part of his schedule during the year.

### OBSTETRICAL DEPARTMENT

In addition to a well-managed obstetrical department within the hospital there should be conducted a prenatal and postnatal clinic in charge of a member of the staff with an assistant. During the period of service of the intern in this department, he should be in attendance in this prenatal clinic and should examine all cases under the instruction of the chief or his assistant. In each case the findings and measurements made by the intern should be checked up by the physician in charge. No patient except in case

of emergency, should be admitted to the maternity beds and allowed to go to the delivery room without this previous examination. Upon admission to the hospital in confinement the prenatal record, or a transcript thereof, should become an essential part of the hospital record.

In the delivery room there should be present with the intern to oversee and instruct him, one of the physicians in attendance in this department,—not only in all complicated cases but also in a fair proportion of normal cases, and especially so during the early part of his service.

The intern shall follow out each case in the postnatal clinic until finally discharged.

## SURGICAL DEPARTMENT

The spectacular nature of this service seems to entice the young medical graduate. He must be made to realize that pre-operative diagnosis and post-operative care are of much greater value to him than the mechanism of the operation. The apprenticeship training here required must be amplified later if he expects to specialize in this line. However, each intern shall assist the staff surgeon on duty, and shall be permitted to operate, under the supervision and in-

struction of the surgeon on duty, in such cases as the surgeon shall deem it wise and expedient. The staff surgeons shall see that the intern not only thoroughly understands the technic of operative procedures, but that he acquires a certain degree of warranted surgical self-confidence. It is to be remembered, however, that the intern shall not be permitted to operate excepting under the personal supervision of the surgeon or his qualified assistant and then only in carefully selected cases where untoward effects may safely be excluded.

### EXCESSIVE SURGERY

Inspections disclose the fact that many hospitals develop a surgical service which is far in excess of their medical service; in fact, it has been found in many instances that the medical service is negligible. In addition to this, it is found that a very large percentage of the surgery is emergency in type. It is clearly evident that in such an institution an intern cannot obtain a balanced training such as is contemplated by law. In the revision of hospital lists this unevenness of service has been carefully considered. The value of the medical service, together with the medical specialties, far outweighs in value that of the surgical in the professional

education of the intern. Hospitals encouraging an excessive surgical service are constantly facing the possibility of being classified in the list of "Limited Credit Hospitals". Many surgical cases may advantageously be studied medically before operation, and thus supplement any deficient medical training.

### MEDICAL SERVICE

The disproportion between the number of surgical and medical cases treated in the average hospital is in some cases due to the local conditions of the community. In many cases it is the result of the excessive influence of some particular staff man, a surgeon, whose needs the hospital may have been formed to meet and on account of whose needs it is largely maintained. The admission of medical cases then is not apt to be encouraged, lest they preoccupy beds which might possibly be occupied by better paying operative cases.

Moreover, the laity of the community interested in the hospital frequently exhibit evidence of being so enamored by the surgical reputation of the hospital as to consider its medical work of secondary importance. The vaunted pride in the surgical activities of the hospital that permeate the general lay-mind is a significant indication of the undue emphasis

exerted toward surgery and of the apparent indifference to medicine.

Scientific medicine requires hospital facilities in the investigation of many obscure medical cases. Oft-times the most valued investigative experience for the intern comes from medical cases. At least, he must have opportunity to secure training in medicine and the approved hospitals must see that he secures it. The more spectacular surgical work under no circumstances must rob him of the deliberate, thoughtful consideration of purely medical cases. By intensifying the medical department of the dispensary and by studying surgical cases medically, the number of cases in this service can be materially increased.

### DISPENSARY SERVICE

It was regularly noted throughout recent inspections that little or no use was made of this service for the instruction of the intern. In many instances the service scarcely met the needs of the patients. The purpose generally seemed to be to dispose of cases as quickly as possible, excepting those needing operation, especially those who might enter the hospital for this purpose. The histories were found to be meager and some almost worthless.

This service, when adequately conducted, should prove to be a most valuable

means of education. The various departments of the dispensary should be under the supervision of the chiefs who head similar departments within the hospital. The actual work may be done by their assistants.

### STAFF ORGANIZATION

The staff of each hospital should be organized into the various departments—medicine, surgery, obstetrics, laboratory, X-ray, anaesthesia, and other specialties—each department being represented by one or more physicians who specialize in the type of cases treated in that department.

The Board does not feel that any staff can maintain its proper organization or function efficiently without holding regular staff meetings; it thinks that the attendance at these staff meetings should be compulsory and that, in addition to the consideration of the professional administration of the hospital, a definite clinical analysis of cases in the hospital and of all mortality cases should form the principal part of the program at each meeting. The interns should attend these staff meetings and be required to present the clinical records of the cases considered.

### STAFF MEMBERS

The value to the intern of the service in any hospital depends in a large meas-

ure upon the attitude assumed toward him by the members of the staff. The duty of a staff member is real and definite. Except in case of emergencies, he should insist, upon his first visit to the patient, upon having the intern present with the history of the patient, including the physical findings. In case the history is not forthcoming, due to indifference or insubordination on the part of the intern, the staff member should decline to examine the patient but report the matter to the superintendent and insist that this duty be performed by the intern at once to the exclusion of any other duty. The history being in hand, should be read before the examination is made, and, during the course of the examination, the previous notations of the intern should be criticized, his errors and omissions, if any, be noted. The tentative diagnosis should be changed or confirmed and placed as the preliminary diagnosis of the case. The history and physical findings should then be countersigned by the chief. At subsequent visits the reason for each change in treatment, if any, with the result sought by the use of any remedy that is applied, should be explained, with notations on the progress sheet.

Future inspections will take especial cognizance of the activities of the members of the staff in the above matters and

hospitals whose authorities are unable to secure the co-operation of their staffs in these matters, even if they be fully competent in other respects, will be rejected from the approved lists. The mere possession of physical equipment does not assure adequate education. Specific, supervised training is demanded.

Certain staff members in some of the approved hospitals yet fail to appreciate the responsibility of their position as medical teachers. It is suggested that such persons be urged to perform their duties more faithfully rather than jeopardize the standing of the hospital by their indifference to its requirements.

## ARRANGEMENT OF INTERN SERVICE

The service rendered to the hospital by the intern is no less valuable than that received by the intern. This fact has tended to cause managers to seek the services of interns, especially since it seems to be a good economic proposition. This latter consideration is apt to cause them to overlook the fact that this work needs to be systematically arranged and supervised, that the intern is yet a medical student under practical training. In order to direct the work of the intern and best meet the needs of the patients in the hospital, a definite arrangement, rotational

in character, of intern service should be made. This should feature distinctly the Medical, Surgical, Obstetrical and Laboratory departments. Combining the laboratory service with other duties has resulted in an entirely unsatisfactory technical training and can no longer be tolerated. Unless this service is so organized as to give the intern an abundance of valuable experience which will occupy all his time for two months, and unless the laboratory is manned by competent supervisors throughout the day, the hospital should not presume to ask for the privilege of giving such internship. Definitely outlined work under a responsible head to be performed hour by hour by the intern results in mutual benefit alike to hospital and intern.

### NUMBER OF INTERNS REQUIRED

The division of services falls naturally into four or more parts which require a like number of interns. If less than this number is employed, the work is so variant as to militate against distinct duties and definite work. The inspectors have found the belief more or less prevalent that the number of essential interns should be determined by the service aid required in the operation of the institution. The requirement by the law, of one intern to twenty-five beds, has proved to

be a wise one. The full quota should be secured if possible. Where less than the required number is available, the services should nevertheless be expanded fully, the interns be required to rotate through them systematically and the uncovered services be cared for by the staff itself. The Board is insistent that this departmental service shall be followed and looks with suspicion upon the hospital which attempts to operate with less than four interns,—one for each department as outlined in the arrangement of service.

### SECURING INTERNS

The Board looks with disfavor on the tendency of hospitals to engage prospective interns before the scholastic work is well completed. The first half of the senior year should be satisfactorily completed before contracting for internship. To anticipate this is presumptuous on the part of the hospital and of the intern. Lists of hospitals approved by the Board for the succeeding year will be sent to the Dean of each Pennsylvania medical college about January first. Ample time exists thereafter for securing intern contracts before entering upon the service on July first.

In the event of an incomplete quota of interns, or of the reduction in the required number in a hospital because of the

withdrawal of any, the Board urges a report of the vacancy to its office so that it may be of service in supplying the need.

### INTERRUPTED INTERNSHIPS

It not infrequently happens that for some reason an intern leaves a hospital during the term of his service, thereby creating a vacancy. This leaves one service without an intern. In such an emergency it has been the custom in the past for the hospital authorities to insist that the work of the departed intern shall be performed by the remaining interns. This custom has generally so greatly interfered with the work of the remaining interns that they have been unable to properly perform the duties of their several services. In consequence histories are unwritten, patients are neglected, chiefs are unattended, interns are disgruntled and feel that they are unfairly treated, and the entire hospital service is disarranged. When the intern enters the service of a hospital he does so on a contract, written or verbal, both equally binding on him and the hospital. He has contracted for a certain stipulated service and agrees to pay for this service with his time and labor. He has as much right to hold the hospital to its agreement as the hospital has to hold him; it is a mutual obligation. It becomes a very serious question

whether the hospital has a right to jeopardize his opportunity for a competent practical education by demanding such an amount of extra duties of him as to destroy his opportunities for deliberate study and by thus demoralizing the work he has on hand. The Board advises that, if it be not possible to engage another intern, the vacated service be left without the aid of an intern. It would seem to be by far the lesser evil to have one service unattended by an intern and covered by the Staff than to disorganize every other service in the hospital, to have dissatisfied and disgruntled employes in the persons of the interns and to risk the loss of one or more of the other interns for these reasons. This not only works an injustice to the remaining interns but raises the question of the right of breaking a contract.

### IRREGULAR INTERN SERVICE

The Board is disinclined in the case of "Full Credit" hospitals to allow credit for a short intern service except for reasons explained satisfactorily to the Board. It is generally demoralizing to the service of the hospital to have changes take place in its intern staff. In addition, in case of change from one hospital to another, the various services of the intern may be duplicated. Each change wastes

several weeks of the time of the intern in adjusting himself to his new environment. In contemplating a change of service from one hospital to another, therefore, an intern should consider the fact that before being admitted to the examination he is expected to have completed fully the service of the hospital into which he enters. Limited services may be permissible in limited credit hospitals.

#### DISAGREEMENTS BETWEEN MANAGEMENT AND INTERNS

Frequent complaints come to the Board from hospitals regarding the behavior of interns and from interns as to their disagreements with the management. The Board believes many of the difficulties arising between hospitals and interns will be solved when it is known that some central authority takes cognizance of the same. The Board has therefore established a clearing-house of hospital and intern disaffection. It is requested that all hospitals, in the event of trouble arising in which it becomes necessary to dismiss an intern, or, in the event of an intern leaving the hospital without consent, report the facts to the Board together with any action the hospital may have taken in the matter. The intern will be given an opportunity to present his side of the

case. Should in the judgment of the Board the offense be considered sufficiently grave, the intern will become ineligible for admission to the state examinations or to licensure by endorsement later on.

Sometimes under grave charges interns leave one hospital, apply to another hospital and are accepted without question. The Board requests that in the future no hospital shall admit into its service any intern who has served part time in another hospital, without first applying to the Board for his previous record and for its approval.

### INTERN'S PERSONAL RECORD

The hospital should encourage the intern to keep a personal record of his daily activities. In this should be included notations of his various hospital experiences with an elaboration of unusual cases. Such a diary will aid in impressing upon his memory the training so as to help him in his future professional life. It can be used both by him and the hospital in checking up the variety and amount of work received and performed. Such a record submitted to the inspectors or to others interested in the educational work of the institution would be of mutual value to the intern and to the hospital.

Weekly or monthly reports, signed by the chief of the service, should be pre-

sented by each intern to the superintendent for filing. These may be made the basis of a permanent record of the intern's work for future reference, to be kept in the hospital archives.

### INTERN CERTIFICATION

The Board has approved a definite form for use by hospitals for certification of intern service. In addition to the certification by the Superintendent of the completion of the contracted time of the intern, the signature of the heads of each department—medicine, surgery, obstetrics, laboratory—must be appended, thus indicating the satisfactory completion of the intern's service in each department. It is recommended that the head of each department consider such certification as seriously as he would the approval of a completed course in a medical college, and that he withhold the same if the intern's work has been unsatisfactory or unwillingly given. The number of weeks served in each department also is required.

The Board wishes to call the attention of all hospitals to the fact that each intern must complete the full term contracted for at any individual hospital before he or she can be admitted to an examination for licensure, even though such contract calls for a longer period of time than the twelve months required by law, and

particularly when a longer period is needful to cover completely the rotational schedule.

### ADMISSION OF VENEREAL DISEASE TO HOSPITALS

Venereal diseases are one of the great menaces to the health and social welfare of the community. Patients suffering from these are among the first to apply for treatment to a young physician entering into practice; consequently there is no single class of cases in which the intern should receive more careful instruction. The Board has been pleased to note that most of the better class of hospitals have adopted its recommendation regarding the admission of venereal diseases and it hopes further that this service will yet be considerably increased; also, that all approved hospitals will continue to provide suitable accommodations for these cases and furnish thereby an adequate service to each intern.

### POST MORTEM TEACHING

Teaching by means of autopsies is so unsatisfactory as to reflect seriously upon the medical profession. The importance of this subject as a prime factor in medical education needs only to be mentioned in order to be realized. It is true that the racial and religious prejudices of certain communities often render the matter

difficult. It is equally true that laws and lack of sympathy on the part of public officials (coroner, undertaker, etc.) add to the difficulty. However, the observations of the Board of Medical Education and Licensure during fourteen years of hospital inspection, in taking into full consideration all the obstacles obtaining, have convinced its members that the main fault lies with the indifference, the ignorance and the indolence of the members of the medical profession; ignorance, because the majority do not know how properly to conduct an autopsy and derive valuable knowledge therefrom; indolence, because the steps necessary towards conducting an autopsy involve a deviation from their routine activities and it is therefore a trouble; indifference, because the knowledge, of the proper manner of approach to the friends of the patient is consciously lacking. A quiet campaign instituted by the pathologist and executed by the interns for more cases has proven to be most effective.

When a so-called hospital pathologist seriously says he is unable to obtain more than half a dozen autopsies a year from a hospital service of from 500 to 1,000 patients he thereby admits personal incompetence. In the future definite cognizance of the attitude of individual hospitals in this respect will be taken by the Board.

At least 15 per cent of all deaths should be autopsied.

### INTERN HOUSING

The intern's sense of respectability depends somewhat on the provisions set up for his comfort. His sense of responsibility also is closely allied. Men recently admitted to an honorable profession have a right to expect suitable consideration. If they are housed and treated as menial servants of the hospital, they should at least be given the wages of such helpers; if, on the other hand, they are expected to merit the esteem and confidence of the best patients and be considered as worthy assistants to the eminent clinical chiefs, then let the housing and social standing proffered them be consistent therewith. Many hospitals have no difficulty in securing their quota of interns year by year; an inspection of their living quarters of their daily food, and of their recreational facilities readily explains why. Why not make these comforts ideals in wholesome living to those who shall soon be our guardians of health!

### HOSPITAL LIBRARY

Much of the encouragement to do research work comes from the availability of needed aid for doing it. Interns are necessarily limited in their supply of books. Members of the staff frequently need to refer to specific data relative to their

cases. There should be established in a suitable, cozy, quiet room a workable professional library of the most valuable books covering the whole realm of medicine. A goodly number of valuable magazines should be placed therein monthly, and eventually be catalogued and filed. This room should be so inviting as to attract all seekers after knowledge, and be an intellectual oasis to eager searchers for professional truth.

### FUTURE READJUSTMENTS

The primary purpose of internship is to secure for the prospective physician a practical training in all the lines of activity which pertain to the art and science of medicine. The Board assumes that all the essential equipment for such experience exists in each approved hospital which offers this training. The absence of such equipment is sufficient cause to disqualify the hospital for this privilege; its presence alone, however, will not assure a satisfactory course of training.

The efficiency of the intern's course depends largely upon the ability of the staff members to teach and the fidelity with which they do teach the student. The evidence of the instruction given comes to the inspector largely through the records on file in the institution. A complete system as outlined by the Board or its equivalent is henceforth demanded. A speci-

men copy of such a system which the Board will consider as an irreducible minimum has in the past been furnished every hospital of the state.

All hospitals asking for inspection with the purpose of having their names added to the approved list will be judged primarily on the completeness of their record systems, and the thoroughness with which the various component parts are elaborated. Unless this inspection proves thoroughly satisfactory along the above lines, no further consideration of approval of the hospital will be entertained.

All hospitals on the approved list being reinspected for any purpose and found to be unsatisfactory in the aforesaid considerations will be removed from the list.

On further reinspections all hospitals found to be without a pathologist who devotes an adequate amount of time for the direction and supervision of the intern's work day by day, and without specially qualified laboratory technicians or specially trained anesthetists will be removed from the approved list.

The Board assumes the privilege of removing from the approved list any hospital at any time of the year, provided it finds that the services to interns are inadequate. In such an event the interns on duty will be notified of the action and offered a position in a satisfactory institution.



